

**HAWAII SCHOOL BASED INFLUENZA-LIKE ILLNESS OUTBREAK REPORT**

**Influenza-like illness (ILI):** a cough and fever ( $\geq 100^{\circ}$  F) or chills. Influenza is confirmed when an individual has a positive culture or rapid-antigen test for influenza and respiratory symptoms.

**Suspected School ILI Outbreak:** suspected when absentee rate exceeds 10% for entire school OR absentee rate exceeds 20% of one grade or class. An ILI outbreak is confirmed when at least one student has a positive culture or rapid-antigen test for influenza.

SCHOOL INFORMATION				
SCHOOL NAME:				
NAME OF REPORTER:			TITLE (e.g.- nurse, health aide, secretary, etc):	
ADDRESS:				
CITY:	STATE:	ZIP:	COUNTY:	
PHONE#:			FAX #:	
TYPE OF SCHOOL: (CHECK ALL THAT APPLY)				
<input type="checkbox"/> ELEMENTARY		<input type="checkbox"/> INTERMEDIATE		<input type="checkbox"/> HIGH SCHOOL
<input type="checkbox"/> PUBLIC		<input type="checkbox"/> PRIVATE		
ILI ACTIVITY INFORMATION				
1. Total number of students at school:		2a. Total number of employees/staff at school:		
		b. Total number of employees/staff ill or absent:		
3a. Number of students absent the first day absences were higher than normal:		3b. Usual number of students absent per day:		
4. Date outbreak OR clustered absenteeism began: (mm/dd/yyyy)		5. Date outbreak ended:		
6. From the symptoms below please indicate the <b>five</b> (5) most common symptoms/characteristics associated with the outbreak:				
<input type="checkbox"/> Fever ____° F	<input type="checkbox"/> Coryza (runny nose)	<input type="checkbox"/> Earache	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Rash
<input type="checkbox"/> Cough	<input type="checkbox"/> Myalgia (body aches)	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Stomach ache	<input type="checkbox"/> Other_____
<input type="checkbox"/> Chills	<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea	<input type="checkbox"/> Diarrhea	
7a. Activity clustered to one class/grade: <input type="checkbox"/> Yes <input type="checkbox"/> No				
b. If yes, what grade:_____ c. Total # of students in class/grade: _____				
8a. Did any students see their private physician? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b. If yes, what tests, if any, were performed to determine cause of illness _____				
9a. Have specimens been sent to State Laboratory Division for culture isolation:				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
9b. If yes, please list names, DOB, and date specimen collected, flu vaccination history: (use additional paper as necessary)				
Last Name, First	DOB: (mm/dd/yyyy)	Date collected: (mm/dd/yyyy)	Flu shot (y/n)	Vacc. Date(mm/yyyy)
<i>Ex. Smith, John</i>	<i>4/18/1996</i>	<i>12/20/2003</i>	<i>Yes</i>	<i>10/2002</i>
1.				
2.				
3.				
4.				
5.				

10. Have students been sent home during the school day due to respiratory illness? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
11. Were most of the students with suspected influenza absent for 3 days or longer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
12. Comments:
<p><b>THANK YOU!!!</b></p> <p>Please fax to <b>586-4595</b></p> <p>Hawai'i Department of Health          1132 Bishop St, Ste 1900          P.O. Box          Honolulu, HI 96813</p>

Thank you for your assistance with influenza surveillance in Hawai'i.  
 Contact 1-808-586-4586 if you have any questions.

FOR STATE DEPARTMENT OF HEALTH USE - DO NOT WRITE BELOW LINE:

CULTURES/RAPID-ANTIGEN TESTS	INVESTIGATION INFORMATION
Type of rapid-antigen tests: <input type="checkbox"/> Directigen A&B <input type="checkbox"/> Quickvue <div style="text-align: right;"><input type="checkbox"/> FLUOIA <input type="checkbox"/> Zstat</div> <input type="checkbox"/> Other: _____	EPILOG #:
Number of rapid-antigen tests:	Date report closed: __/__/____
Number of rapid-antigen tests positive for:	Investigator:
Influenza A: _____ Influenza B: _____	Comments:
Number of cultures taken:	
Number of cultures positive for:	
Influenza A: _____ Influenza B: _____	